EXHIBIT 2

SCHEDULE A - Renewal Term (Jan 2004 - Dec 2004)

1.	Group Name: HI LEX CORPORATION					
2.	Group Number/Cluster: D501					
3.	Contract Effective Date: May 01, 1991					
4,	ASC Funding Arrangement: WEEKLY W	IRE				
5.	Line(s) of Business:					
	[x] Facility	[x] Prescripe	tion Drugs			
	[] Facility Foreign	[x] Dental				
	[] Facility Domestic	[] Vision				
	[x] Physician	[] Hearing				
	[x] Master Medical	.*				
•	*Domestic Facility Code(s): 0					
6.	Administrative Charge:	Cost Per Contract	Monthly Contracts	Monthly Premium		
	A. Base Administration	\$35.28	997	\$35,174		
	B. Predetermination-Foot Surgery			•		
	C. Mandatory Second Opinion					
	D. Dentemax					
	E. Additional Agent Fee					
	TOŢAL			\$35,174		
7.	Stop-loss Coverage(s):					
	A. Stop-loss Coverage Purchased	•				
	[] Standard	[x] Specific Only				
	[x] Outlier Protection	[] Aggregate Only				
	[] None	[] Specific :	and Aggregate			
	B. Coverage Lines of Business					
	[x] Facility	[x] Master M	ledical			
	[] Facility Foreign Payment	[] Prescription Drugs				
	[] Facility Domestic Charge	[] All Lines of Business(Aggregate Only)				
	[x] Physician		· · · · · · · · · · · · · · · · · · ·	.		
1	C. Attachment Point(s) (per contract)	Specific: \$ 300,000				
		Cost Per	Monthly	Monthly		
ı	D. Total Stop-loss Premium	\$3.52	Contracts 997	Premiun		
		$\varphi_{J_1 \cup J_2}$	£7 (S3.509		

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ea American Bank Assoc er network access, contingency, and o
American Bank Assoc er network access, contingency, and o
er network access, contingency, and o
IE:GROUP:
: (Signature)
ME:(Print)
LE:
ŤC:
(Signature)
ME: (Print)
• •

SCHEDULE A - Renewal Term (Jan 2005 - Dec 2005)

1.	Group Name: HI LEX CORPORATION			,
2.	Group Number/Cluster: D501			
3,	Commot Effective Date: May 01, 1991			
4.	ASC Funding Arrangement: WEEKLY W	IRE		
5.	Line(s) of Business;			
	x Facility	[x] Prescrip	tion Drugs	
	[] Facility Foreign	[x] Dental	Ŭ	
	[Facility Domestic	[] Vision		
	[x] Physician	[] Hearing		
	[x] Master Medical	-		•
	*Domestie Facility Code(s): 0			
6.	Administrative Charge:	Cost Per Contract	Monthly Contracts	Monthly Premium
	A. Base Administration	\$35.28	1,062	\$37,467
	B. Predetermination-Foot Surgery			··
	C. Mandatory Second Opinion			
	D. Dentemax			
	E. Additional Agent Pec			
	TOTAL		_	\$37,467
7.	Stop-loss Coverage(s):	v		
	A. Stop-loss Coverage Purchased			
	[] Standard	[x] Specific	Only	
	[x] Outlier Protection	[] Aggrega	te Only.	
	[] None	[] Specifie	and Aggregate	
	B. Coverage Lines of Business			
	[x] Facility	[x] Master N	4edical	
	[] Facility Foreign Payment	[Prescript		
	[] Pacifity Domestic Charge		s of Business(Aggi	regate Only)
	[x] Physician	• 1		48
	C. Attachment Point(s) (per contract)	Specific: \$ 300,000		
		Cost Per	Monthly	Monthly
	D. Total Stop-loss Premium	Contract	Contracts	Premium
	es a greet droburger (tentitii))	\$3.93	1,062	\$4.174

9.	Late Phyment Charges/inter	est:		
	A. Weekly Late Payment	Charge		2%
	B. Yearly Statutory Interc	· · · · ·	teresį)	12%
	C. Provider Contractual I	nterest		
ŧ0.	BCBSM Account:		Cómerica	
		Wire Number	Bank	American Bank Assoc
	Your hospital claims cost re subsidies as appropriate.	flects certain charges	for provider netwo	ork access, contingency, and other
	BCBSM:	- 1/	THE GRO	٠.,
	BY: /// (Signature)			(Signature)
	NAME: Mic helle 1 (Print)	R Nago li ha	7 NAME:_	Steven Heater (Print)
	TITLE: Rating An	′	TITLE: 🔏	Director of HR
	DATE: 12/21/04		Дуте; <u>.</u>	Jenuary 6, 2005
	BY: (Signature)		ВҮ:	(Signature)
	NAME: (Print)		NAME:	(Print)
	TITLE:		TTTLE: _	

SCHEDULE A - Renewal Term (Jan 2006 - Dec 2006)

Administrative Services Contract (ASC)

1. (AOD MARIO HULBY CORFORATION			
2: (Group Number/Cluster: D501			
3. (Contract Effective Date: May 01, 1991			
4. A	ASC Funding Arrangement: WEEKLY V	vire		
5. 1	line(s) of Business;			
	[x] Facility	[x] Prescrip	tion Drugs	
	[] Facility Foreign	[x] Dental		
	[] Facility Domestic	[] Vision		
	[x] Physician	[] Hearing		
	[x] Master Medical	•	·	
,1)	omestic Pacility Code(s): ()	•	•	
6. A	dujuistrative Charge:	Cost Per Contract	Monthly Contracts	Monthly Premium
Α	s. Base Administration	\$34.81	1,095	\$38,117
8	. Predetermination-Foot Surgery			
C	. Mandatory Second Opinion			
Đ). Dentemax			
E	. Additional Agent Fee			
	TOTAL			\$38,117
7. S	top-loss Coverage(s):	¥		
٨	. Stop-loss Coverage Purchased			
	[] Standard	[x] Specific	Only	
	[x] Outlier Protection	[] Aggrega	te Only	
	[] None	[] Specific	and Aggregate	
13	. Coverage Lines of Business			
	x Facility	[x] Master N	Acdical	
	Facility Foreign Payment	[] Prescript		
	Facility Domestic Charge	•	s of Business(Agg	renate Only)
	(x) Physician	f 1 m smo	v umuv.is(. 1 ₆₆ 1	ogue outy
C	,	Sancifia é 100 000		
•	· Armeannern rounds) (bet counsel)	Specific: \$ 300,000		
		Cost Per	Monthly	Monthly
[]	. Total Stop-loss Premium	Contract \$4,05	Contracts 1,095	Premium ea 475
1,7	· · · · · · · · · · · · · · · · · · ·	94,00	\$ 4 57.74	§4 , 435

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4),	Late Payment Charges/Interest:		
	A. Weekly Late Payment Charge		2%
	B. Yearly Statutory Interest Charge (S	Simple Interest)	12%
	C. Provider Contractual Interest		
0.	BCBSM Account:	Comerica	
	Wire Num	iber Bank American Bank .	Assoc
€.	establishment, management and mainten health provider networks. The ASC Acce	been retained by BCBSM to cover costs associance of BCBSM's participating hospital, physics Fee also covers any subsidies, surcharges and Commissioner as authorized pursuant to P.A. 35	cian and other
	BCBSM:	THE GROUP:	
	BY: Malle D. J.	BY: (Signature)	
	NAME: Michelle R. Napa		
	TITLE Rating Analyst	TITLE:	
	DATE: 9/8/0.5	DATE:	
	BY: (Signature)	BY: (Signature)	
	NAME: (Print)	NAME:(Print)	
	TITLE	TITLE:	
	DATE:	DATE:	

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SCHEDULE A - Renewal Term (Jan 2007 - Dec 2007)

1.	Group Name: HI LEX CORPORATION	Ν			
2.	Group Number/Cluster: D501				
3.	Contract Effective Date: May 01, 1991				
4.	ASC Funding Arrangement: WEEKLY	WIRE			
5.	Line(s) of Business:				
	[x] Facility	[x] Prescrip	otion Drugs		
	[] Facility Foreign	[x] Dental			
	[] Facility Domestic	[] Vision			
	[x] Physician	[] Hearing			
	[] Master Medical	[] =====B			
	*Domestic Facility Code(s): 0				
6.	Administrative Charge:	Cost Per Contract	Monthly Contracts	Monthly Premium	
	A. Base Administration	\$34.35	1,011	\$34,728	
	B. Predetermination-Foot Surgery		,,011	ΨΟ 1, / ΣΟ	
	C. Mandatory Second Opinion			•	
	D. Dentemax				
	E. Additional Agent Fee				
	TOTAL			\$34,728	
7.	Stop-loss Coverage(s):			4 5 .,, 2 6	
	A. Stop-loss Coverage Purchased				
	[] Standard	[x] Specific	Only		
	[x] Outlier Protection	[] Aggregate Only			
	[] None	[] Specific and Aggregate			
	B. Coverage Lines of Business	f 1 - F			
	[x] Facility	f 23.4	<i>(</i> 1: 1		
	[] Facility Foreign Payment	[] Master Medical			
	[] Facility Domestic Charge	[] Prescript	•		
	[x] Physician	[] All Lines	s of Business(Aggr	regate Only)	
	C. Attachment Point(s) (per contract)	Specific: \$ 300,000			
		Cost Per	Monthly	Monthly	
	D	Contract	Contracts	Premium	
	D. Total Stop-loss Premium	\$5.17	1,011	\$5,227	

Case 2:11-cv-12557-VAR-EAS ECF No. 1-3, PageID.54 Filed 06/13/11 Page 9 of 17 9. Late Payment Charges/Interest: A. Weekly Late Payment Charge 2% B. Yearly Statutory Interest Charge (Simple Interest) 12% C. Provider Contractual Interest 10. BCBSM Account: Comerica Wire Number Bank American Bank Assoc 11. A portion of your hospital savings has been retained by BCBSM to cover the ASC Access Fee. The ASC Access Fee covers (a) costs associated with the establishment, management and maintenance of BCBSM's participating hospital, physician and other health provider networks, (b) charges to help maintain BCBSM's surplus at an appropriate level in compliance with regulatory and Blue Cross and Blue Shield Association standards, and (c) cost transfer subsidies or surcharges authorized pursuant to 1980 P.A. 350, such as the group conversion fee and the 'other than group' subsidy. The Group acknowledges that BCBSM or a Blue Cross and Blue Shield Plan may have compensation arrangements with providers in which the provider is subject to performance or risk-based compensation, including but not limited to withholds, bonuses, incentive payments, provider credits and member management fees. Often the compensation amount is determined after the medical service has been performed and after the Group has been invoiced. BCBSM: THE GROUP: NAME: ____ TITLE: DATE: (Signature) NAME: ____ NAME: ____

TITLE:

DATE:

TITLE:

DATE:

SCHEDULE A - Renewal Term (Jan 2008 - Dec 2008)

1.	Group Name: HI LEX CORPORATION		•			
2.	Group Number/Cluster: D501					
3.	Contract Effective Date: May 01, 1991					
4.	ASC Funding Arrangement: WEEKLY W	'IRE				
5.	Line(s) of Business:					
*	[x] Facility [] Facility Foreign [] Facility Domestic [x] Physician [] Master Medical Domestic Facility Code(s): 0	[x] Prese [x] Denta [] Visio [] Heari	n			
6.	Administrative Charge:	Cost Per Contract	Montfily Contracts	Monthly Premium		
	A. Base Administration	\$35.03	1,016	\$35,590		
	B. Predetermination-Foot Surgery					
	C. Mandatory Second Opinion					
	D. Dentemax					
	E. Additional Agent Fee					
	TOTAL	,	navi	\$35,590		
;	Stop-loss Coverage(s):					
	A. Stop-loss Coverage Purchased	¥				
	[] Standard	[x] Specif	ic.Only			
	[x] Outlier Protection	[] Aggre	gate Only			
	None	[] Specific and Aggregate				
	B. Coverage Lines of Business					
	[x] Facility	L I Master	Medical			
	[] Pacifity Foreign Payment	* *	ption Drugs			
	[] Facility Domestic Charge	[] All Lines of Business(Aggregate Only)				
	[x] Physician	, , , , , , , , , , , , , , , , , , , ,		egue onij)		
(C. Attachment Point(s) (per contract)	Specific: \$ 300,000				
		Cost Per	Monthly	Monthly		
1	D. Total Stop-loss Premium	Contract	Contracts	Premium		
	e e com moly maa ereniinii	\$8.82	1,016	\$ \$ O.C.1		

9. Late Payment Charges/Interest:

	A. Weekly Late Payment (Charge		2%
	B. Yearly Statutory Interes	st Charge (Simple In	terest)	12%
	C. Provider Contractual In	terest		
10.	BCBSM Account:		Comerica	
		Wire Number	Bank	American Bank Assoc
11.	Access Fee covers (a) costs as participating hospital, physicial surplus at an appropriate level	ssociated with the est a and other health pre in compliance with a subsidies or surcharge	ablishment, manager wider networks, (b) regulatory and Blue	ver the ASC Access Fee. The ASC ment and maintenance of BCBSM's charges to help maintain BCBSM's Cross and Blue Shield Association to 1980 P.A. 350, such as the group
	arrangements with providers is including but not limited to will	n which the provider abolds, bonuses, Incen	is subject to perfor tive payments, provi	nield Plan may have compensation mance or risk-based compensation, der credits and member management fee has been performed and after the
	BCBŠM:		THE GRO	UPP
	BY: <u>Microle St</u> (Signature)	aley.	ВЎ:	(Signature)
	NAME: NICOLE S (Print)	STALEY	NAME:	(Print)
	title: <u>Rating Am</u>	nvsi I	TTTLE:	
	DATE: <u>August</u>	<u> 23,2007</u>	DATE:	
	BY: (Signature)		ВҮ:	(Signature)
	NAME: (Print)		NАМЕ:	(Print)
	TTP1,E:		TITLE:	n volume to an Additional annual and annual annual and an annual and an annual annual and an annual
	DATE:		DATE:	

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SCHEDULE A - Renewal Term (Jan 2009 - Dec 2009)

Group Name: HI LEX CORPORAT	ION	•	
2. Group Number/Cluster: D501			
3. Contract Effective Date: May 01, 19	91		
4. ASC Funding Arrangement: WBEK	LY WIRE		
5. Line(s) of Business:			
[x] Facility	[x] Prese	ription Drugs	
[] Facility Foreign	[x] Denta	d	
[] Facility Domestic	[] Vision	n	
[x] Physician	[] Heari	ng	
[] Master Medical			•
*Cornestic Facility Code(s): 0			
6. Administrative Charge:	Cost Per Contract	Monthly Contracts	Monthly Premium
A. Base Administration	\$35.74	1,031	\$36,848
B. Additional Agent Fee	,		•
TOTAL			\$36,848
C. Administrative Access Fee Cap (Per contract per month)	\$35.00		
7. Stop-loss Coverage(s):	v		
A. Stop-loss Coverage Purchased			
x Standard	[x] Specifi	ic Only	
Specific and Aggregate	[] Aggreg	•	
[] None	[]686	5.11.5 G.11.7	
B. Coverage Lines of Business			
[x] Facility	[] Master	Medical	
[] Facility Foreign Payment	[] Preseri	ption Drugs	
[] Facility Domestic Charge	[] All Ein	es of Business(Aggr	ogate Only)
[x] Physician			
C. Attachment Point(s) (per contract)	Specific: \$ 300,000		
	Cost Per	Monthly	Monthly
D. Tutal Stan Law Western	Contract	Contracts	Premium
D. Total Stop-loss Premium	\$9.60	1,031	\$9,898

9,	Late Payment Charges/Interest	•		
	A. Weekly Late Payment Ch	arge	•	2%
	B. Yearly Statutory Interest C		est)	12%
	C. Provider Contractual Inter	rest		
10.	BCBSM Account:		Comorlea	
		Vire Number	Bánk	American Bank Assoc
11.	If applicable, Group shall pay an a that is contained in Group's Amound shall not exceed \$35.00 per co Year, BCBSM-shall report the agg	mts Billed, The AAF i ontract per month, Apj	s separato from and proximately 120 day	does not include BlucCard fees safter the close of the Contract
	The Group acknowledges that BC arrangements with providers in whincluding but not limited to withle fees. Often the compensation amorginup has been invoiced.	nich the provider is sul olds, bonuses, incentiv	oject to performance e payments, provid	e or risk-based compensation, or credits und member managemen
	BCBSM;		THE GRO	JP:
	BY: O.Q. 1-1 /- (Signature)	-fan	BY;	JCA JC (Signature)
	NAME: Sondra 17	HAO	NAME:	JOhn Flyen (Print)
	TITLE: Regional Sa	les Majage	TITLE:	Socily/Treary
	DATE: <u>//12.109</u> .		DATE:	01/12/09
	BY: (Signature)	and the second districts	8Y:	(Signature)
	NAME: (Print)		NAME:	(Print)
	TITLE:	some and the second	TITLE:	
	DATE		DATE:	

SCHEDULE A - Renewal Term (Jan 2010 - Dec 2010)

Administrative Services Contract (ASC)

1. Group Name: HILEX CORPORATIO	M		
2. Group Number/Cluster: D501			
3. Contract Effective Date: May 01, 19	91		
4. ASC Funding Arrangement: WEEKL	Y WIRE		
5. Line(s) of Business:			
[x] Facility	(x) Prese	ription Drugs	
Facility Foreign	(x) Dente	al	
Facility Domestic	() Vision	i a	
(x) Physician	[] Hearl	ng	
[] Master Medical			
Domestic Pacifity Code(a); O			
6. Administrative Charge:	Cost Per Contract	Monthly Contracts	Monthly Premium
A. Base Administration	\$36.45	982	\$35,794
B. Additional Agent Fee	•		
'I'O'I'AL		****	#35,794
C. Administrative Access Pee Cap (Per contract per month)	\$35.00		
. Stop-loss Coverago(s);	Ü		
A. Stop-loss Coverage Purchased			
[x] Standard	[x] Specifi	e Anly	
[] Specific and Aggregate	{ } Aggreg	-	
None	() neg-ve	and orny	
B. Coverage Lines of Business			
(x) Facility	Muster	Medical	
[Facility Foreign Payment	[Prescri	ption Drugs	
[] Facility Domestic Charge	[] All Line	es of Business(Aggree	ate Only)
x Physician			
C. Attachment Point(a) (per contract)	Specifical 300,000)	
	Cost Por Contract	Monthly Contracts	Monthly Promhuu
D. Total Stop-loss Premium	\$11.52	982	\$11,313

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8. Lete Payment Charges/Interest:

Margaret Santa	
	Marie Marie Company (Marie Marie Mar

A. Weekly Late Payment Charge			2%
B. Vearly Statutory Interest Charge (Shiple Interest)			12%
C. Provider Contractual	Interest		•
9. BCBSM Account:		Comorina	
	Wire Number	Bank	American Bank Assoc
include HusCard feet and shafter the close of the Contract by group.	In Oroup's Amounts all not exceed \$35.0 Year, BCBSM shall	a Billed. The AAF 10 per contract p repart the aggra	is separate from and does not or month. Approximately 120 days gate amount of AAF actually paid
11. The Group acknowledges that compunitation arrangements rick-based companiation, incompaniation, incompaniation the medical service has been according to	with providers in wh lading but not limit management fees. (ich the provider id to withholde, i Often the comper	ls subject to performance or borniese, incontive payments, reation amount is determined
новам:	Cont	тнь ок	OUP:
BY: (Chine))/() V	BY; (Signatu	pe tap
BY: (GALC) (Signature) NAME: OAAC (Print)	Stout	nāme: "	John Agek (Print)
TITLES: <u>ACCOUNTY</u>	1 MANNAE	CC TITUE: _	Da of Graner
DATE: 7.25	69	DATE:	09/18/09
BY: (Signaturo)	•••••	BY: (Signatur	v)
NAMIS: (Print)	Latitude Parkas Euro "A	NAME:	(Print)
TTTDE:	min v d d Nagagagaman	TITLE:	
DATE:	modernoon	DATE;	

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SCHEDULE A - Renewal Term (Jan 2011 - Dec 2011)

Administrative Services Contract (ASC)

j.,	Group Name: HI LEX CORPORATION				
2,	Group Number/Cluster: D501				
3.	Contract Effective Date: May 01, 1991	[
4.	ASC Funding Arrangement; WEEKLY	WIRE			
5.	Line(s) of Duciness:				
	[2] Facility	[x] Prescription Drugs			
	[] Enclity Enrolen	[x] Dontal			
	1 Pacility Domestic	Vieton			
	(x) Physician	Henving			
	[Mnotor Medient				
	Domestic Facility Code(s): 0				
6.	Administrative Charge:	Cost Por Contract	Monthly Contracts	Monthly Promism	
	A. Base Administration	\$37.91	876	\$33,209	
	B. Additional Agent Fee	-			
	TOTAL		þ.v.··	\$33,209	
	C. Administrative Access Fea Cap (For contract per month)	\$35 . 00			
7,	Stop-loss Coverage(s);	y			
•	A. Stop-loss Caverage Purchased				
	[x] Standard				
	Specific and Aggregate	1 Aggregate Only			
	[None	1 11/00/40			
	B. Coverage Idnes of Business				
	[x] Paclity	Master Medical			
	[] Encilly Poyelgn Paymont	[] Prescription Drugs			
	1) Facility Domestle Charge] All Lines of Business(Aggregate Only)			
	[x] Physician				
	C. Attachment Point(s) (per contract)	Specificit 300,000			
		Cost Per Contract	Monthly Contracts	Monthly Premium	
	O Total Standors Promium	\$14.60	876	\$12,790	

HI LEX CORPORATION -- CLUSTER USOL

Comorica

Bank

2%

12%

Amorioan Bank Assoc

	The Group shall pay an Administrative Access fee (AAF) which is included in hospital claims cost that is contained in Group's Amounts filled. The AAF is separate from and does not include BlueCard less and shall not exceed \$35.00 per contract per month. Approximately 120 days after the close of the Contract Year, BCBSM shall report the aggregate amount of AAR actually paid by group. The Oroup authorizedges that BQBSM or a Blue Cross and Blue Shield Plan may have			
1 1.	The Group harmoneogy that providers in which the provider is subject to performance or compensation arrangements with providers in which the provider is subject to performance or risk-based compensation, including but not limited to withholds, homises, lucentice payments, provider credits and member management fees. Often the compensation amount is determined after the medical service has been performed and after the Group has been involved.			
	всвям:	THE GROUP:		
	BY: Dearne Stont (Stynature)	BY: JO FLO.		
	NAMES DIANE STOUT	NAMISE Joh Flack (Point)		
	TITLE ACCOUNT MANNER	TITLE: Dec. of Finance		
	DATES 9-28-10	DATE: 9/23/10		
	By: Stewer Stewer (3)gnature)	DY: (Signature)		
	NAME: Steven Lebrert	NAME;(Print)		
	min Underwriter	TYPLE:		
	DATE: 9/28/10	DATE:		

8. Late Payment Charges/Interest:

9. BOBSM Account

A. Weekly Late Payment Chargo

C. Provider Contractual Interest

B. Yearly Statutory Interest Charge (Simple Interest)

Wire Number